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Planning and organization, health services for children, and evaluation of the program were presented. The Kansas State Board of Health, the Department of Social Welfare, the Kansas Council of Churches, and the Kansas State University Child Development staff combined resources to carry out the program. The two state agencies provided the health services and professional staff; the community, represented by the Council of Churches, provided building space, equipment, and volunteer staff; and the University administered the day care center.

Admission physical examinations were given. Difficulty was found in contacting parents for full medical case histories. The immunization program was not completed because of lack of parental signatures, and because of the difficulty of contacting parents who worked in the fields. The children were clean and in good health. A few chronic or serious ailments were referred for continued medical treatment. Local physicians treated immediate medical needs. Out of 65 children, seven significant medical conditions were noted. Acute infections or parasitic disease were not a major problem.

Suggestions for improvement of the program were: to have earlier dental inspection; to obtain consent slips for immunization when the program coordinator visited the family concerning the enrollment of children in the day care program; to have a parent present for examiniation of two-to five-year-olds; to provide homemaker services for the mothers; and to use television programs as a medium for adult education.

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THE ROLE OF THE HEALTH DEPARTMENT IN PROVIDING DAY CARE AND HEALTH SERVICES FOR CHILDREN OF MIGRANTS

KANSAS, 1962

U. S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
Office of Education

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KANSAS STATE BOARD OF HEALTH

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PART I PLANNING AND ORGANIZATION

The interest of the Kansas State Board of Health in the problems of migrants was forcibly aroused in the summer of 1961 when some staff members visited the counties in Kansas which had the largest migrant populations. The appalling living conditions, poor nutrition, the lack of health services, the inadequate supervision of children while mothers worked in the fields, all caused much concern. (The one bright spot in the bleak picture was a half-day vacation church school program for the children of migrants, encouraged by the Kansas Council of Churches Migrant Ministry, and operated by the church women of Garden City.) As a result of the observations made on this field trip, Dr. Patricia Schloesser, Director of the Division of Maternal and Child Health, agreed to provide some type of direct service to children of migrants. The greatest needs seemed to be in the areas of housing, health supervision, and day care. In March, 1962, discussion was begun regarding a one-year demonstration project to offer a full day care program in Western Kansas.

A meeting was held in early May at which representatives from the Board of Health and Department of Social Welfare met with members of the Kansas Council of Churches and Kansas State University Child Development staff to discuss their respective roles in carrying out the day care program.

Those who attended the meeting included:

The Reverend Mr. Harold Statler, Executive Secretary, Kansas Council of Churches
The Reverend Mr. John Fitzgerald, Migrant Services Coordinator for Finney County
Miss Betty Whitaker, National Migrant Services Coordinator
Dr. Marjorie Stith, Chairman, Department of Child Development, School of Home Economics, Kansas State University
Mrs. Dorothy Bradley, Director, Child Welfare Services, Department of Social Welfare
Miss Thelma McClure, Day Care Supervisor, Child Welfare Services, Department of Social Welfare
Mr. Donald Lira, Licensing Program Supervisor, Child Welfare Services, Department of Social Welfare
Miss Lena Bierdeman, District Public Health Nurse - Dodge City
Miss Marilyn Hansen, Head Teacher, Kansas State University Nursery School
Dr. Patricia Schloesser, Director, Division of Maternal and Child Health Kansas State Board of Health
Mrs. Shirley Norris, Day Care Supervisor, Division of Maternal and Child Health, Kansas State Board of Health

Areas of responsibility were designated as follows:

A. The Department of Child Development would be responsible for:

1. Securing a supervisor to work with the Kansas Council of Churches coordinator in setting up a center for approximately 30 children from two to seven years of age, and directing its operation;

2. hiring a trained staff member to work in the center;

3. purchasing the food prepared and served at the center, using government surplus foods when available;

4. hiring two cooks to prepare the noon meal under the supervision of nutritionists from the Kansas State Board of Health and Kansas State University;

5. purchasing basic equipment not available through donations and not already present at the center;

6. purchasing daily supplies, including household supplies and supplies and materials for other activities;

7. arranging for some type of janitor service;

8. paying minimal rental fee or other housing expenses;

9. paying for expenses incurred in transportation of children.

B. The community, as represented by Kansas Council of Churches Migrant Ministry, would be responsible for:

1. Providing physical facilities to include a modern kitchen;

2. enlisting volunteer workers to assist the university staff in working with the children;

3. locating vehicles for transportation of children to and from the center;

4. securing any used toys, equipment and clothing which members of the community wish to donate;

5. operating a full day center for children from seven through fourteen years of age (estimated to be approximately 30 children). The older children would be served lunch at the preschool center along with the younger children with the entire lunch program financed by the Board of Health funds. Other expenses incurred in operating the center for the older children would be met by the Kansas Council of Churches.

C. The State Board of Health would be responsible for:

1. Financing the day care center through a contractual arrangement with the Kansas State University;

2. supervising the health program by the Director of the Division of Maternal and Child Health;

3. coordinating the project by the Day Care Supervisor, Division of Maternal and Child Health;

4. obtaining the services of:

   a. a pediatrician to carry out preadmission examinations of pre-school children and school age children;

   b. local and district health nurses to coordinate and carry out the examinations, screening programs, immunizations and followup nursing visits to families of children with health problems;

   c. the Director of Dental Hygiene Division to arrange for dental examinations;

   d. the nutritionist from the State Board of Health to give nutrition consultation in the day care program;

   e. the Director of the Division of Health Education to make available pamphlets and films and to obtain pictures of the center in operation.

Although plans were not yet crystallized, the following tentative agreements were reached at this time:

1. The day care program would be at Holcomb if the Holcomb School Board would permit the use of its school building because of the interest already demonstrated by the Garden City and Holcomb communities.

2. The program would be in operation from June 4 until July 13, including one week at the beginning for orientation and enrollment, and two days at the end for evaluation of the program;

3. The Group Day Care Regulations of the State of Kansas would be met.

4. The Day Care Supervisor of the Division of Child Welfare Services would work with the Director of the Finney County Department of Social Welfare

in arranging for family day care of children under two years of age, rather than having the infants cared for at the center.

Following this meeting, plans moved quickly. The State University staff, with much enthusiasm and support from Dr. Doretta Hoffman, Dean, and Dr. Ruth Hoeflin, Associate Dean, of the School of Home Economics, agreed to administer the center. The following arrangements with the Holcomb School Superintendent were made by the staff of Kansas State University:

1. Use of all space needed in the Holcomb Elementary School for the preschool group.

2. Rental of two buses to be driven by regular bus drivers and to be insured under regular school policy.

3. Payment to cover buses, drivers, janitor services, utilities and bathroom supplies to be made directly to the Holcomb School.

The Garden City Council of Churches recruited and trained volunteers and made arrangement for using the educational center of the Community Church in Holcomb for the older children. The services of the day center were interpreted to migrant families by Mr. Frank Tames, Program Coordinator for the Migrant Ministry of the Council of Churches. A separate report has been prepared by the Kansas State University on the development and management of the Day Care Center.

PART II. HEALTH SERVICES TO THE CHILDREN

A. Services provided by health personnel.

The major responsibility of the Division of Maternal and Child Health was to work out the details in providing health services both to the older and to the younger children in the day care program. It was felt that admission examinations should be performed soon after enrollment, since group day care regulations require, "No child shall be admitted to a group day care center, except in an emergency, before obtaining from his physician the Medical Record prescribed by the Kansas State Board of Health, stating that he is free from communicable disease and that he has been immunized or is in the process of receiving immunization against smallpox, whooping cough, polio, diphtheria, and tetanus...." Dr. Arnold Gilbert, a pediatrician assigned to the State Board of Health by the United States Public Health Service, conducted these physical examinations.

Coordination of local health services was done by Miss Irene Hoyt, the Finney County Health nurse, with the assistance of the district nurse, Miss Lena Bierdeman and Miss Roberta Foote, the Director of Public Health Nursing Services. Without the continuous interest and effort on the part of Miss Hoyt and the assistance of Miss Bierdeman, the health program would not have been possible. The variety of services they performed included:

1. Arranging for the examination room and obtaining necessary equipment.

2. Giving TB skin tests, and arranging for followup chest x-rays when necessary.

3. Conducting of vision and hearing screening tests and assisting with the collection of stool specimens for parasite studies.

4. Securing the services of volunteer nurses.

5. Visiting the homes to secure medical histories and permission from parents for immunizations.

6. Distributing health education pamphlets to families.

7. Making followup visits to families where health problems existed.

Dr. William Bellinger, Director of the Division of Dental Hygiene, and Miss Hoyt made arrangements with local dentists for dental examinations of the children.

Miss Conie Foote, the State Board of Health Nutritionist, met with Dr. Stith and the head cook at the center to plan the menus. The report of her consultant work states: "Lunch menus were planned for three and a half weeks which could be repeated to provide for the entire period. Plans were also made for the morning and afternoon refreshments of milk and fruit juice. Since the same lunch was to be served both to the preschool and schoolage children, it was essential that food be selected which would be satisfactory for both groups. This meant uncomplicated recipes and easy to eat foods. An attempt was made to include foods familiar to the children in each meal and to introduce a number of less familiar but highly nutritious foods." A detailed nutritional study will be reported by the nutrition staff of the Kansas State University. (Because final arrangements for the day care program were made so late in the Spring, the deadline for ordering surplus foods had passed, so that all food had to be purchased locally.)

Mrs. Virginia Lockhart, Director of the Division of Health Education, visited the center and took many excellent pictures as a permanent record of the center's operation. Several films on hygiene and nutrition from the Board of Health Film Library were sent to Garden City to be used either for the older children or for the adults at the weekly family night. Health education pamphlets were also provided.

The children attending the day care centers received dental, hearing and vision screening, examinations and immunizations.

B. Report of Pediatric Services

One part of the program for children of migrant agricultural workers, carried on at Holcomb, Kansas during the summer of 1962, was an effort to determine the health problems of the children and to meet the health needs that were discovered. It was hoped that care could be provided locally for some of the children through the cooperation of the Finney County Medical Society and the local health department. Where this was not possible, it was hoped that families learning of medical conditions of which they had previously been unaware, would make arrangements for care at their permanent homes. Finally, we hoped to practice preventive medicine by providing needed immunizations wherever possible.

About two weeks prior to the date, health examinations of the children were begun. The State Health Department physician responsible for this aspect of the overall program met with the County Health Officer and County Health Nurse. Interest in this project was high. The County Health Officer agreed to the extensive health program that was proposed and promised that local physicians would cooperate by seeing those children who needed care. It was agreed that the physicians to whom case referral was made would be chosen in alphabetical order from the County Medical Society membership list.

A total of 65 children were seen over the course of two and a half days. Unfortunately, none of the examinations could be conducted in the presence of parents (who were either working in the fields or were home caring for other children.) To get around the crucial fact that no medical histories could be obtained from parents at the time the physician saw the children, printed history forms in Spanish and English, prepared by the Division of Maternal and Child Health, were distributed to families by the local public health nurse. As a result of her efforts, 39 outline medical histories were obtained. They were significant primarily in that no history revealed a serious condition that was not otherwise evident at the time of the examination, a comforting fact to know when examining the other 26 children for whom no history at all was available. The ages of the children ranged from 21 months to 12 years. In general, they seemed to be an overtly healthy and quite happy group. Older siblings often tried to assume a protective role with their younger brothers and sisters, and were quite helpful in guiding them through the examination procedure. Personal hygiene was surprisingly good and compared quite favorably with the environmental hygiene seen in the overcrowded living quarters. There was no suggestion of serious malnutrition, although three children were below the third percentile in height and weight. Six other children were below the third percentile for height only, a fact which may be partially explained by difficulty in obtaining accurate height measurements. Three of the children were very obese.

Skin conditions were not a problem. The absence of severe impetigo, a prominent condition in less complete observations made the previous years, can probably be attributed to prevention of insect bites by more adequate provision of screens for the houses in which the children lived. Two cases of pediculosis (lice) were found in one family, and were treated at the examination center.

Several significant and sometimes serious medical conditions were noted which required attention that, unfortunately, could not be provided in all cases:

1. A 12 year old girl was discovered to have a heart murmur and evidence of cardiac enlargement suggestive of congenital heart disease (atrial septal defect). The parents, who had previously been unaware of the problem, never visited the physician to whom their daughter was referred for further examination.

2. A gaping cleft palate in an 11 year old boy, with associated difficulties and cosmetic problems, were discovered. Arrangements are being made through the Texas Crippled Children's Commission for corrections.

3. A 6 year old girl with a chronic draining ear infection was referred to a local physician for care and responded to therapy.

4. An 11 year old girl with severe chronic hoarseness was referred for a complete laryngeal examination on returning to her Texas home. While no diagnosis could be made in the absence of direct visualization, there is great likelihood that her problem is due to a surgically correctable condition, such as a laryngeal polyp.

5. A 9 year old boy had almost total loss of vision in one eye. The findings on examination were a coloboma of the iris and slight squint. Normal fundiscopic examination suggests the amblyopia is unrelated to the inherited defect of the iris; rather it is probably due to the squint, and in all likelihood could have been prevented by early treatment with glasses and orthopic exercises. It was recommended to the family that the child see an ophthalmologist at the earliest opportunity.

6. An 11 year old boy had mild flat feet and slight scoliosis. The fact that he had recovered from polio makes careful following especially important to be certain there is no progression of these conditions. It was recommended that the family see an orthopedist on return to their permanent residence.

7. A 12 year old girl with a chronic unsightly eyelid infection (hordeolum) never saw the physician to whom she was referred.

Careful dental examinations, performed through the cooperation of the Finney County Dental Society on 38 children, revealed that 29 of those examined needed dental care, many with an extensive caries problem involving not only the deciduous but the permanent teeth. Two cases of severe malocclusion were also noted.

In addition to the physical examinations, screening tests were performed in an effort to obtain maximal medical information:

1. Of 48 tuberculin skin tests, two were definitely positive and one was equivocal. Chest x-rays of the two children in one family who have positive or equivocal tests were negative and they seem well. Careful family followup reveals their mother to have an abnormal chest x-ray, but no evidence of active pulmonary tuberculosis. Her three and a half year old son, who was found to have a clearly positive tuberculin test, should (according to the recommendations of the American Academy of Pediatrics) be treated with isoniazid in full dosage for one year, regardless of his apparent good health. His brother should be retested and carefully observed. No followup is available for one child with a definitely positive test who left the community prior to a nurse visit.

2. Of 28 audiograms, one 10 year old child was referred to a physician for serious hearing loss.

3. Of 38 vision examinations performed, parents were informed that three children should be carefully retested within six months (20/30) and that two children may need glasses (20/40).

4. Hemoglobin testing was performed on 15 children. In only one case was there evident anemia, that being a 21 month old toddler with poor iron intake. The results of testing ranged from her low of 7.5 grams to a high of 11.5 grams. They were in the low range for the ages tested, but were not definitely abnormal, and suggest that dietary meat intake is probably not adequate.

5. Of 15 stool specimens sent to the State Laboratory for examination, all were negative for parasitic disease.

The immunization histories of 42 children are recorded and are of great interest as indicators of prior health care. Half the children had never been immunized against polio or received DPT injections! Less than one-third had

been vaccinated. Comparison with figures for Kansas children (based on 1959-60 survey) is striking:

		Kansas	Migrants
1.	No DPT	12.0%	50%
2.	No Polio	6.5%	50%
3.	No Smallpox	29.8%	71%

Due to inadequate medical histories and lack of parental consent, it was not possible to immunize all the children who needed protection. Twenty-three children received a total of 31 immunizations and two children were vaccinated.

It is extremely difficult to make valid generalizations about the health problems of the group because of the relatively small number of children who were examined. Acute infections or parasitic disease did not seem to be the major problem. The limited data does suggest that tuberculosis may be a problem: 4.2% of the children skin tested for tuberculosis were clearcut positives and 2.1% had equivocal results that require retesting. Comparison with a 1957 Finney County skin testing program that involved over 2500 school children of all ages is difficult, but it is interesting that only 0.4% of these children had positive tests. The serious nature of childhood tuberculosis for which therapy is often recommended, in the absence of symptoms, solely on the basis of age or conversion from a negative to a positive test, underlines the significance of our skin test results.

Even more striking perhaps is the apparent inadequacy of contact with physicians for basic health supervision, which is reflected in the extremely poor immunization status of the group. Twenty-seven percent of the children required medical attention. A total of 17 children with significant previously unknown or inadequately cared for health problems, many of a serious nature, were found among a total of 64 children.

Due to the chronic nature of most of the health problems and the resultant complexity of the health services that are required for treatment, it is obvious that in many instances adequate care cannot be provided during a brief stay in Kansas. What seems to be of most prospective value is the education of the parents to their children's health needs, even in the absence of acute illness. Understanding of the particular health problem which has been discovered, and recognition of the importance of regular child health supervision, would enable most of these problems to be handled on a local basis in the state of permanent residence. The problems of followup which we encountered, and often found insurmountable, could be overcome. A careful program of examinations without an intensive program of family health education will uncover disease but be frustrated by inability to provide care. A health education program will be preventive and, in some cases, be the basis for treatment that would otherwise never be obtained.

PART III EVALUATION OF PROGRAM

One of the most satisfactory aspects of this day care program was the opportunity to program separately for meeting the needs of the schoolage children and of the preschool children. Because the preschool children had their own center, the older children could be offered class work, field trips, and a variety of creative and physical activities not possible if the younger children had been included. The initial acceptance by the parents of both "schools" was due, to a large extent, to the enthusiasm and salesmanship of the program coordinator and director of the church school, Mr. Frank Tames, who, with Miss Hansen, visited the parents and explained the program to them.

In a final assessment of this project, it would seem that rarely has a project success depended on the cooperation of such a large number of people from so many professions, agencies, and organizations. The conclusion that the project was successful seems warranted for the following reasons:

1. Unfailing community support
2. Enthusiasm on the part of all professional people involved
3. Willingness of the migrant families to participate in the program
4. Favorable press coverage
5. Positive impression made on the many visitors who observed the program in operation
6. Encouragement from Children's Bureau staff and regional representative of the Labor Department.

Miss Hoyt, in her evaluative report, made the following statements: "I feel the program carried out this year is a long stride forward in working with the migrant families. About the only chance I had to make an entry into the migrant group previous to this year was through an employer telling me of illness. The greatest satisfaction to me this year came from knowing that the children were getting the proper care. Both the church school and the preschool programs were excellent.'

'I was very happy about the good coverage we received from the various newspapers and especially in our own local paper, the Garden City Telegram.'

'In the past year there has been a remarkable change in the migrant homes. Approximately one-third of the homes have been redecorated, water wells drilled, sanitary toilets added, and natural gas piped to some of the homes. There are plans for the remodeling of the remainder of the homes for the coming year. I feel the survey made by the Board of Health last year encouraged this improvement. I sincerely hope that these services to migrants can be carried out next year.'"

Miss Biersdeman's report includes the following paragraphs: "The families appeared to be well pleased with the group care center and the migrant school. Those parents able to be reached readily gave their permission for immunizations and

skin tests, so that even if these families may appear shy and indifferent to the community, they related well to the services given to their children in this project. The volunteer workers were interested in working with this group of children, and some worked every day during the center's operation. It was seldom that a volunteer failed to come for the amount of time she had committed herself for, so there appeared good continuity of service from the volunteer workers. In my opinion, this demonstration project appeared to be most helpful to the children of migrants, and it illustrated how community interest can make for a successful undertaking with everyone working together toward a common goal."

Although it is as yet uncertain whether funds will be available to continue the program of service to children of migrants during the summer of 1963, the following suggestions for the improvement of the program have been made in the event that continued financial support is provided:

1. Earlier planning for dental inspection and, with the Kansas Dental Association, for correction of dental defects when possible within the time period.

2. Obtaining consent slips for immunization and skin testing from parents, when the program coordinator contacts the family concerning the enrollment of children in the day care program.

3. Encouraging a parent to be present for examination of two through five year olds, if possible.

4. Planning for a meeting of all groups as early as possible in the year so that surplus foods may be ordered, and agencies and organizations can arrange for more complete and inclusive coverage of all areas of day care including health services and social work services.

5. Extending the program to Leoti, where a half-day church school was held this year, and to Ulysses if community support is indicated.

6. Including all children, who have attended first grade, in the program for older children.

7. Providing for homemaker services for the migrant mothers.

8. Using TV programs as a possible medium for adult education. (a large number of migrants in Finney County had TV sets.)

Fecha_____

Nombre del niño_____ Dirección_____

Nombre del padre_____ Nombre de la madre_____

A los padres:

Las cuestiones que siguen ayudarán al médico que irá a examinar a su niño, para aprender de él, de modo que se pueda hacer mucho mejor el exámen de este niño or esta niña.

1. ¿ Ha tenido estas enfermedades su niño, or niña? (Sí o No)

   a. Sarampión rubeola_____ b. Parótida, papera_____
   c. Viruelas_____ d. Tosferina_____
   (viruelas locas, varicela)

2. Favor de indicar el tipo y número de las injecciones que su niño (niña) ha recibido.

   a. Contra Difteria_____ Tosferina_____ Tétano_____
   b. Contra Poliomielitis_____
   c. Vacuna contra Viruelas_____

3. ¿ Ha tenido este niño alguna enfermedad grave?
   Sí_____ No_____ (Si la respuesta es "Sí" favor de explicar)

4. ¿ Ha estado enfermo este niño despues de recibir alguna medicina or injeccion?
   Sí_____ No_____ (Si la respuesta es "Si " favor de explicar)

5. ¿ Ha tenido su niño o niña?

   a. Convulsiones_____ d. Amebiasis_____
   b. Alergia_____ e. Tifoidea_____
   c. Tuberculosis_____

6. ¿ Ha estado enfermo gravemente alguién de la familia recientemente? Favor de explicar.

7. ¿ Tiene alguién en la familia estas enfermedades?

   a. Tuberculosis_____
   b. Convulsiones_____
   c. Alergia_____

8. ¿ Está usted se preocupado acerca de su niño? (Si la contesta es "Si," favor de explicarse.

6-1-62

CHILD'S NAME_____ Address_____

Birth date_____

Father's Name_____ Mother's Name_____

Dear Parent:

The questions which are listed below will help the physician, who is examining your child, learn about him or her, so that a good job can be done.

1. Has your child ever had:

   a. Measles_____ b. Mumps_____
   c. Chickenpox_____ d. Whooping Cough_____

2. Please indicate the type and number of immunizations your child has received:

   a. DPT or 3-in-1 (Diphtheria, whooping cough and tetanus)_____
   b. Polio_____
   c. Smallpox vaccination_____

3. Has your child ever been seriously ill? Yes_____ No_____
   Please explain if the answer is "yes."

4. Has your child ever been made sick by medicine or injections?
   Yes_____ No_____
   Please explain if the answer is "yes."

5. Has your child had?
   a. Convulsions_____ c. Tuberculosis_____
   b. Allergy_____ d. Other_____

6. Has any member of the family been seriously ill recently? Please explain.

7. Does anyone in the family have?
   a. Tuberculosis_____
   b. Convulsions_____
   c. Allergy_____

8. Does your child worry you?_____ If so, why?_____
   Explain

6-1-62

Doy mi permiso para que el medico examine a mi hijo de modo que el pudiera asistir en el programa de centro de parvulos en Holcomb, Kansas.

_____
(Firma de uno de los padres)

También, doy permiso que el médico podría darle la prueba de tuberculosis y anemia and las injecciones contra las enfermedades infecciosas, que el médico se siente están necesarias.

_____
(Firma de uno de los padres)

I give my permission to have my child _____
Child's name

_____ examined by a physician for the purpose of attending the day
age

care program

_____
Parent's signature

I also give permission to have my child tested for tuberculosis and anemia

and to have immunizations as recommended by the physician

_____
Parent's signature

6-1-62

MIGRANT SURVEY 1962

Dental Inspection

Total Children 65 Examined 36 Not Examined 29

Decayed deciduous.....19

Decayed permanent.....17

Deciduous extraction indicated.....3

Malocclusion.....2

Mottled.....1

Immediate attention.....7

Cleft palate.....1

O.K.....9

Previous Immunizations

42 Recorded 23 Not Recorded Total 65

DPT:

1 shot.....2

2 shots.....1

Immunized.....18

Not Immunized.....21

Polio:

1 shot.....2

4 shots.....5) 19

Immunized.....14)

Not Immunized.....21

Smallpox:

Immunized.....12

Not Immunized.....30